



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

NAIC Group Code00000,00000NAIC Company Code12747Employer's ID Number20-4308924

(Current Period)(Prior Period)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOhio

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health [X]Property/Casualty []Hospital, Medical & Dental Service or Indemnity []

Dental Service Corporation []Vision Service Corporation []Health Maintenance Organization []

Other []Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized02/08/2006Commenced Business01/01/2007

Statutory Home Office2181 East Aurora RoadTwinsburg, OH, US 44087

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office2181 East Aurora Road

(Street and Number)

Twinsburg, OH, US 44087330-405-8089

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address2181 East Aurora RoadTwinsburg, OH, US 44087

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records2181 East Aurora Road

(Street and Number)

Twinsburg, OH, US 44087330-405-8089

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site Addresswww.envisionrx.com

Statutory Statement ContactScott David Gonia CPA330-486-4846

(Name)(Area Code) (Telephone Number) (Extension)

eicaccounting@envisionrx.com330-486-4801

(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
William Carl Epling	President	Scott David Gonia	Treasurer
Robert Burns Weinberg	Senior Vice President, General Counsel & Secretary	Thomas John Welsh	Chief Financial Officer & Executive Vice President

OTHER OFFICERS

Frank John Sheehy	Chief Executive Officer	Dawn Gail Sherman	Executive Vice President

DIRECTORS OR TRUSTEES

William Carl Epling	Darren Wayne Karst	Matthew Charles Schroeder	
Frank John Sheehy	Kenneth Charles Black	Thomas John Welsh	

State ofOhio

County ofSummit

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William Carl EplingPresident

Scott David GoniaTreasurer

Robert Burns WeinbergSenior Vice President, General Counsel & Secretary

Subscribed and sworn to before me this day of,.

a. Is this an original filing?Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	290,410,749	100.0	XXX	XXX	290,410,749	
12. Total other payments	290,410,749	100.0	XXX	XXX	290,410,749	0
13. Total (Line 4 plus Line 12)	290,410,749	100 %	XXX	XXX	290,410,749	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,581									1,581
2. First Quarter	1,296									1,296
3. Second Quarter	1,316									1,316
4. Third Quarter	1,287									1,287
5. Current Year	1,259									1,259
6. Current Year Member Months	15,680									15,680
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,130,726									2,130,726
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,130,726									2,130,726
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,930,992									1,930,992
18. Amount Incurred for Provision of Health Care Services	1,977,329									1,977,329

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,003,590



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,392									1,392
2. First Quarter	1,366									1,366
3. Second Quarter	1,406									1,406
4. Third Quarter	1,385									1,385
5. Current Year	1,373									1,373
6. Current Year Member Months	16,646									16,646
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,712,925									1,712,925
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,712,925									1,712,925
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,327,130									1,327,130
18. Amount Incurred for Provision of Health Care Services	1,382,962									1,382,962

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,712,925

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8,985									8,985
2. First Quarter	8,557									8,557
3. Second Quarter	8,877									8,877
4. Third Quarter	8,943									8,943
5. Current Year	9,057									9,057
6. Current Year Member Months	106,164									106,164
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	8,711,024									8,711,024
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	8,711,024									8,711,024
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	6,644,048									6,644,048
18. Amount Incurred for Provision of Health Care Services	7,084,675									7,084,675

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,667,778

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2. _____

NAIC Group Code00000BUSINESS IN THE STATE OF ArkansasDURING THE YEAR 2017(LLOCATION)NAIC Company Code12747

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,079									1,079
2. First Quarter	702									702
3. Second Quarter	693									693
4. Third Quarter	668									668
5. Current Year	662									662
6. Current Year Member Months	8,301									8,301
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	876,859									876,859
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	876,859									876,859
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	748,317									748,317
18. Amount Incurred for Provision of Health Care Services	786,330									786,330

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$876,582



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF California		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	136,614									136,614
2. First Quarter	21,242									21,242
3. Second Quarter	20,479									20,479
4. Third Quarter	19,727									19,727
5. Current Year	19,498									19,498
6. Current Year Member Months	248,313									248,313
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	35,869,255									35,869,255
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	35,869,255									35,869,255
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	37,893,276									37,893,276
18. Amount Incurred for Provision of Health Care Services	32,335,921									32,335,921

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$35,590,491



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2. _____

NAIC Group Code	00000	BUSINESS IN THE STATE OF Colorado			DURING THE YEAR 2017			(LOCATION)			NAIC Company Code	12747
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		9,204									9,204	
2. First Quarter		8,887									8,887	
3. Second Quarter		9,541									9,541	
4. Third Quarter		9,752									9,752	
5. Current Year		10,046									10,046	
6. Current Year Member Months		113,584									113,584	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b).....		11,579,397									11,579,397	
13. Life Premiums Direct.....		0										
14. Property/Casualty Premiums Written.....		0										
15. Health Premiums Earned.....		11,579,397									11,579,397	
16. Property/Casualty Premiums Earned.....		0										
17. Amount Paid for Provision of Health Care Services		9,695,612									9,695,612	
18. Amount Incurred for Provision of Health Care Services		10,286,471									10,286,471	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,579,348



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2017					NAIC Company Code	12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,959									1,959
2. First Quarter	4,619									4,619
3. Second Quarter	5,473									5,473
4. Third Quarter	6,161									6,161
5. Current Year	6,772									6,772
6. Current Year Member Months	66,356									66,356
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,479,362									4,479,362
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,479,362									4,479,362
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,467,201									3,467,201
18. Amount Incurred for Provision of Health Care Services	4,063,224									4,063,224

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,397,370



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	990									990
2. First Quarter	2,016									2,016
3. Second Quarter	2,245									2,245
4. Third Quarter	2,459									2,459
5. Current Year	2,698									2,698
6. Current Year Member Months	27,160									27,160
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,604,148									4,604,148
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,604,148									4,604,148
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	4,063,873									4,063,873
18. Amount Incurred for Provision of Health Care Services	4,277,279									4,277,279

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,288,752

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,046									1,046
2. First Quarter	1,284									1,284
3. Second Quarter	1,427									1,427
4. Third Quarter	1,593									1,593
5. Current Year	1,704									1,704
6. Current Year Member Months	17,527									17,527
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,043,546									2,043,546
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,043,546									2,043,546
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,763,962									1,763,962
18. Amount Incurred for Provision of Health Care Services	1,898,401									1,898,401

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,043,546



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Florida	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	2,208										2,208
2. First Quarter	3,518										3,518
3. Second Quarter	3,573										3,573
4. Third Quarter	3,503										3,503
5. Current Year	3,514										3,514
6. Current Year Member Months	42,496										42,496
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	3,924,688										3,924,688
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	3,924,688										3,924,688
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	2,955,966										2,955,966
18. Amount Incurred for Provision of Health Care Services	3,581,314										3,581,314

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,756,310

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,061									3,061
2. First Quarter	10,545									10,545
3. Second Quarter	12,359									12,359
4. Third Quarter	13,812									13,812
5. Current Year	15,132									15,132
6. Current Year Member Months	149,990									149,990
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	11,750,536									11,750,536
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	11,750,536									11,750,536
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,552,453									9,552,453
18. Amount Incurred for Provision of Health Care Services	11,003,433									11,003,433

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,297,714



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Guam	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	26										26
2 First Quarter	34										34
3 Second Quarter	39										39
4. Third Quarter	40										40
5. Current Year	39										39
6 Current Year Member Months	451										451
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	20,944										20,944
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	20,944										20,944
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	4,499										4,499
18. Amount Incurred for Provision of Health Care Services	9,211										9,211

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$20,944



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	329									329
2. First Quarter	323									323
3. Second Quarter	339									339
4. Third Quarter	332									332
5. Current Year	336									336
6. Current Year Member Months	3,987									3,987
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	376,432									376,432
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	376,432									376,432
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	324,256									324,256
18. Amount Incurred for Provision of Health Care Services	360,189									360,189

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$376,432



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Idaho	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	3,195										3,195
2. First Quarter	3,113										3,113
3. Second Quarter	3,263										3,263
4. Third Quarter	3,317										3,317
5. Current Year	3,361										3,361
6. Current Year Member Months	39,037										39,037
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	3,573,997										3,573,997
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	3,573,997										3,573,997
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	2,778,543										2,778,543
18. Amount Incurred for Provision of Health Care Services	2,961,127										2,961,127

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,573,997



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	19,232									19,232
2. First Quarter	17,111									17,111
3. Second Quarter	17,180									17,180
4. Third Quarter	16,712									16,712
5. Current Year	16,430									16,430
6. Current Year Member Months	204,580									204,580
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	20,465,987									20,465,987
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	20,465,987									20,465,987
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	17,644,912									17,644,912
18. Amount Incurred for Provision of Health Care Services	18,653,006									18,653,006

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$20,428,884



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2017 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,911									1,911
2. First Quarter	2,093									2,093
3. Second Quarter	2,107									2,107
4. Third Quarter	2,049									2,049
5. Current Year	2,010									2,010
6. Current Year Member Months	25,016									25,016
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,952,448									3,952,448
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,952,448									3,952,448
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,279,489									3,279,489
18. Amount Incurred for Provision of Health Care Services	3,462,034									3,462,034

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,844,085



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	933									933
2. First Quarter	603									603
3. Second Quarter	609									609
4. Third Quarter	600									600
5. Current Year	585									585
6. Current Year Member Months	7,280									7,280
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	784,207									784,207
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	784,207									784,207
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	639,847									639,847
18. Amount Incurred for Provision of Health Care Services	718,583									718,583

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$724,481



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,297									1,297
2. First Quarter	695									695
3. Second Quarter	692									692
4. Third Quarter	683									683
5. Current Year	669									669
6. Current Year Member Months	8,303									8,303
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,294,569									1,294,569
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,294,569									1,294,569
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,139,797									1,139,797
18. Amount Incurred for Provision of Health Care Services	1,129,690									1,129,690

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$974,085

30.KS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Kentucky	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	2,019										2,019
2 First Quarter	1,656										1,656
3 Second Quarter	1,663										1,663
4. Third Quarter	1,605										1,605
5. Current Year	1,579										1,579
6 Current Year Member Months	19,725										19,725
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	2,199,623										2,199,623
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	2,199,623										2,199,623
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	1,862,913										1,862,913
18. Amount Incurred for Provision of Health Care Services	1,926,696										1,926,696

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,158,522

30.KY



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2017 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,315									1,315
2. First Quarter	1,110									1,110
3. Second Quarter	1,131									1,131
4. Third Quarter	1,120									1,120
5. Current Year	1,106									1,106
6. Current Year Member Months	13,443									13,443
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,571,359									1,571,359
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,571,359									1,571,359
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,377,770									1,377,770
18. Amount Incurred for Provision of Health Care Services	1,458,902									1,458,902

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,523,484

30.LA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maine		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,561									2,561
2. First Quarter	4,264									4,264
3. Second Quarter	4,867									4,867
4. Third Quarter	5,313									5,313
5. Current Year	5,689									5,689
6. Current Year Member Months	58,785									58,785
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,957,089									3,957,089
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,957,089									3,957,089
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,375,717									3,375,717
18. Amount Incurred for Provision of Health Care Services	3,652,218									3,652,218

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,957,089

30.ME



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,945									5,945
2. First Quarter	10,496									10,496
3. Second Quarter	11,999									11,999
4. Third Quarter	13,213									13,213
5. Current Year	14,620									14,620
6. Current Year Member Months	145,930									145,930
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	10,475,152									10,475,152
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,475,152									10,475,152
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	8,538,776									8,538,776
18. Amount Incurred for Provision of Health Care Services	9,731,474									9,731,474

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,472,849



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,625									5,625
2. First Quarter	11,140									11,140
3. Second Quarter	13,407									13,407
4. Third Quarter	15,270									15,270
5. Current Year	16,997									16,997
6. Current Year Member Months	163,166									163,166
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	9,250,043									9,250,043
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	9,250,043									9,250,043
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	7,317,411									7,317,411
18. Amount Incurred for Provision of Health Care Services	8,390,703									8,390,703

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,250,043

30.MA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2017 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group							
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,325									13,325
2 First Quarter	23,185									23,185
3 Second Quarter	26,260									26,260
4. Third Quarter	28,557									28,557
5. Current Year	30,890									30,890
6 Current Year Member Months	317,461									317,461
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	18,945,137									18,945,137
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	18,945,137									18,945,137
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	15,155,050									15,155,050
18. Amount Incurred for Provision of Health Care Services	17,102,660									17,102,660

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$17,287,268



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,173									1,173
2. First Quarter	807									807
3. Second Quarter	808									808
4. Third Quarter	786									786
5. Current Year	761									761
6. Current Year Member Months	9,674									9,674
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,779,185									1,779,185
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,779,185									1,779,185
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,578,542									1,578,542
18. Amount Incurred for Provision of Health Care Services	1,630,297									1,630,297

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,779,185

30.MN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2017 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,785									1,785
2. First Quarter	2,736									2,736
3. Second Quarter	3,563									3,563
4. Third Quarter	4,208									4,208
5. Current Year	4,779									4,779
6. Current Year Member Months	43,280									43,280
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,092,887									4,092,887
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,092,887									4,092,887
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,156,126									3,156,126
18. Amount Incurred for Provision of Health Care Services	3,740,710									3,740,710

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,044,420

30.MS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group							
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	394									394
2. First Quarter	2,465									2,465
3. Second Quarter	2,519									2,519
4. Third Quarter	2,508									2,508
5. Current Year	2,519									2,519
6. Current Year Member Months	30,065									30,065
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	780,695									780,695
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	780,695									780,695
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	(525,380)									(525,380)
18. Amount Incurred for Provision of Health Care Services	742,956									742,956

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$674,869

30.MO



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	352									352
2. First Quarter	241									241
3. Second Quarter	239									239
4. Third Quarter	232									232
5. Current Year	227									227
6. Current Year Member Months	2,853									2,853
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	390,762									390,762
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	390,762									390,762
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	360,879									360,879
18. Amount Incurred for Provision of Health Care Services	358,062									358,062

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$390,762

30.MT



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Nebraska	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	737										737
2. First Quarter	632										632
3. Second Quarter	643										643
4. Third Quarter	634										634
5. Current Year	627										627
6. Current Year Member Months	7,661										7,661
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	582,499										582,499
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	582,499										582,499
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	484,234										484,234
18. Amount Incurred for Provision of Health Care Services	533,754										533,754

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$582,499

30.NE



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Envision Insurance Company					2. _____			
NAIC Group Code 00000		BUSINESS IN THE STATE OF Nevada			DURING THE YEAR 2017			(LOCATION) NAIC Company Code 12747		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	706									706
2. First Quarter	480									480
3. Second Quarter	469									469
4. Third Quarter	458									458
5. Current Year	461									461
6. Current Year Member Months	5,679									5,679
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	519,646									519,646
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	519,646									519,646
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	479,780									479,780
18. Amount Incurred for Provision of Health Care Services	491,852									491,852

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$513,787



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Envision Insurance Company					2. _____									
NAIC Group Code		00000		BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2017					(LOCATION)		NAIC Company Code		12747	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10					
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other					
Total Members at end of:																
1. Prior Year		2,768									2,768					
2. First Quarter		4,786									4,786					
3. Second Quarter		5,481									5,481					
4. Third Quarter		6,110									6,110					
5. Current Year		6,643									6,643					
6. Current Year Member Months		66,921									66,921					
Total Member Ambulatory Encounters for Year:																
7. Physician		0														
8. Non-Physician		0														
9. Total		0	0	0	0	0	0	0	0	0	0					
10. Hospital Patient Days Incurred		0														
11. Number of Inpatient Admissions		0														
12. Health Premiums Written (b).....		2,747,688									2,747,688					
13. Life Premiums Direct.....		0														
14. Property/Casualty Premiums Written.....		0														
15. Health Premiums Earned.....		2,747,688									2,747,688					
16. Property/Casualty Premiums Earned.....		0														
17. Amount Paid for Provision of Health Care Services		2,248,377									2,248,377					
18. Amount Incurred for Provision of Health Care Services		2,535,994									2,535,994					

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,747,688



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2017				NAIC Company Code	12747	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	20,473									20,473
2 First Quarter	4,614									4,614
3 Second Quarter	4,583									4,583
4. Third Quarter	4,411									4,411
5. Current Year	4,322									4,322
6 Current Year Member Months	54,932									54,932
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	8,047,537									8,047,537
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	8,047,537									8,047,537
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	8,515,627									8,515,627
18. Amount Incurred for Provision of Health Care Services	7,634,896									7,634,896

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,984,971



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,288									3,288
2. First Quarter	3,413									3,413
3. Second Quarter	3,719									3,719
4. Third Quarter	3,923									3,923
5. Current Year	4,114									4,114
6. Current Year Member Months	44,635									44,635
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,127,508									3,127,508
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,127,508									3,127,508
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,373,984									2,373,984
18. Amount Incurred for Provision of Health Care Services	2,596,800									2,596,800

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,103,767



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2. _____

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New York			DURING THE YEAR 2017			NAIC Company Code			12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	3,673									3,673	
2 First Quarter	17,204									17,204	
3 Second Quarter	20,666									20,666	
4. Third Quarter	23,599									23,599	
5. Current Year	26,181									26,181	
6 Current Year Member Months	251,945									251,945	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	13,652,946									13,652,946	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	13,652,946									13,652,946	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	9,787,261									9,787,261	
18. Amount Incurred for Provision of Health Care Services	13,077,777									13,077,777	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,652,946



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,770									2,770
2. First Quarter	13,287									13,287
3. Second Quarter	15,923									15,923
4. Third Quarter	18,056									18,056
5. Current Year	20,150									20,150
6. Current Year Member Months	193,703									193,703
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	11,144,343									11,144,343
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	11,144,343									11,144,343
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	8,730,208									8,730,208
18. Amount Incurred for Provision of Health Care Services	10,479,699									10,479,699

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,010,279



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	278									278
2. First Quarter	173									173
3. Second Quarter	170									170
4. Third Quarter	169									169
5. Current Year	166									166
6. Current Year Member Months	2,061									2,061
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	190,432									190,432
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	190,432									190,432
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	171,139									171,139
18. Amount Incurred for Provision of Health Care Services	174,496									174,496

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$190,432



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,300									6,300
2 First Quarter	11,770									11,770
3 Second Quarter	14,765									14,765
4. Third Quarter	17,179									17,179
5. Current Year	19,947									19,947
6 Current Year Member Months	180,450									180,450
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	11,864,542									11,864,542
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	11,864,542									11,864,542
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,532,255									9,532,255
18. Amount Incurred for Provision of Health Care Services	11,061,242									11,061,242

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,863,865

30.OH



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,158									1,158
2. First Quarter	1,049									1,049
3. Second Quarter	1,067									1,067
4. Third Quarter	1,049									1,049
5. Current Year	1,036									1,036
6. Current Year Member Months	12,704									12,704
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,620,557									1,620,557
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,620,557									1,620,557
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,448,214									1,448,214
18. Amount Incurred for Provision of Health Care Services	1,518,772									1,518,772

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,531,872

30.OK



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Oregon	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	9,857										9,857
2. First Quarter	12,992										12,992
3. Second Quarter	14,538										14,538
4. Third Quarter	15,743										15,743
5. Current Year	16,966										16,966
6. Current Year Member Months	176,144										176,144
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	9,576,158										9,576,158
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	9,576,158										9,576,158
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	7,863,889										7,863,889
18. Amount Incurred for Provision of Health Care Services	8,693,207										8,693,207

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,560,507



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26,922									26,922
2. First Quarter	36,466									36,466
3. Second Quarter	40,465									40,465
4. Third Quarter	43,444									43,444
5. Current Year	46,452									46,452
6. Current Year Member Months	489,055									489,055
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	34,132,028									34,132,028
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	34,132,028									34,132,028
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	29,449,226									29,449,226
18. Amount Incurred for Provision of Health Care Services	31,679,594									31,679,594

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$34,118,651

30.PA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Puerto Rico		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	.90									.90
2. First Quarter .....	.71									.71
3. Second Quarter .....	.71									.71
4. Third Quarter .....	.68									.68
5. Current Year	72									72
6. Current Year Member Months	854									854
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	.89,638									.89,638
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	.89,638									.89,638
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	.90,469									.90,469
18. Amount Incurred for Provision of Health Care Services	80,585									80,585

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$89,638



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,087									1,087
2. First Quarter	1,767									1,767
3. Second Quarter	2,037									2,037
4. Third Quarter	2,285									2,285
5. Current Year	2,513									2,513
6. Current Year Member Months	24,979									24,979
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	861,248									861,248
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	861,248									861,248
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	667,935									667,935
18. Amount Incurred for Provision of Health Care Services	781,237									781,237

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 576,592



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,936									6,936
2. First Quarter	8,995									8,995
3. Second Quarter	10,235									10,235
4. Third Quarter	11,058									11,058
5. Current Year	12,002									12,002
6. Current Year Member Months	123,028									123,028
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	7,787,462									7,787,462
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	7,787,462									7,787,462
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	6,448,423									6,448,423
18. Amount Incurred for Provision of Health Care Services	7,186,116									7,186,116

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,763,342



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	296									296
2 First Quarter	204									204
3 Second Quarter	203									203
4. Third Quarter	199									199
5. Current Year	199									199
6 Current Year Member Months	2,438									2,438
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	285,822									285,822
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	285,822									285,822
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	264,155									264,155
18. Amount Incurred for Provision of Health Care Services	261,904									261,904

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$266,776



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2017					NAIC Company Code	12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,921									1,921
2. First Quarter	1,981									1,981
3. Second Quarter	2,009									2,009
4. Third Quarter	1,987									1,987
5. Current Year	1,964									1,964
6. Current Year Member Months	23,943									23,943
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,671,519									2,671,519
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,671,519									2,671,519
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,283,521									2,283,521
18. Amount Incurred for Provision of Health Care Services	2,479,189									2,479,189

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,616,303



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,849									7,849
2. First Quarter	6,576									6,576
3. Second Quarter	6,592									6,592
4. Third Quarter	6,409									6,409
5. Current Year	6,299									6,299
6. Current Year Member Months	78,554									78,554
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	12,486,720									12,486,720
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	12,486,720									12,486,720
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	11,218,147									11,218,147
18. Amount Incurred for Provision of Health Care Services	11,546,976									11,546,976

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,601,042

30.TX



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Utah	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	2,644										2,644
2. First Quarter	2,515										2,515
3. Second Quarter	2,638										2,638
4. Third Quarter	2,672										2,672
5. Current Year	2,716										2,716
6. Current Year Member Months	31,537										31,537
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	3,928,449										3,928,449
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	3,928,449										3,928,449
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	3,100,366										3,100,366
18. Amount Incurred for Provision of Health Care Services	3,254,797										3,254,797

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,928,449



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Vermont		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	825									825
2 First Quarter	2,132									2,132
3 Second Quarter	2,597									2,597
4. Third Quarter	3,042									3,042
5. Current Year	3,343									3,343
6 Current Year Member Months	31,894									31,894
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	973,611									973,611
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	973,611									973,611
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	703,228									703,228
18. Amount Incurred for Provision of Health Care Services	883,161									883,161

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 972,998



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Virginia	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	17,513										17,513
2. First Quarter	4,882										4,882
3. Second Quarter	4,925										4,925
4. Third Quarter	4,810										4,810
5. Current Year	4,736										4,736
6. Current Year Member Months	58,660										58,660
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	5,887,513										5,887,513
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	5,887,513										5,887,513
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	5,537,700										5,537,700
18. Amount Incurred for Provision of Health Care Services	5,321,293										5,321,293

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,796,498



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,905									18,905
2. First Quarter	24,755									24,755
3. Second Quarter	27,407									27,407
4. Third Quarter	29,121									29,121
5. Current Year	30,890									30,890
6. Current Year Member Months	329,719									329,719
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	20,327,864									20,327,864
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	20,327,864									20,327,864
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	17,073,199									17,073,199
18. Amount Incurred for Provision of Health Care Services	18,453,572									18,453,572

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$20,327,864



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,742									6,742
2. First Quarter	7,253									7,253
3. Second Quarter	7,788									7,788
4. Third Quarter	8,094									8,094
5. Current Year	8,421									8,421
6. Current Year Member Months	93,526									93,526
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	6,244,077									6,244,077
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,244,077									6,244,077
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	5,451,617									5,451,617
18. Amount Incurred for Provision of Health Care Services	5,795,422									5,795,422

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,239,493

30.WV



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,298									6,298
2. First Quarter	6,459									6,459
3. Second Quarter	7,102									7,102
4. Third Quarter	7,489									7,489
5. Current Year	7,787									7,787
6. Current Year Member Months	85,036									85,036
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	10,344,079									10,344,079
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,344,079									10,344,079
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	8,258,275									8,258,275
18. Amount Incurred for Provision of Health Care Services	8,864,553									8,864,553

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,344,079



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Wyoming	DURING THE YEAR 2017										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	227										227
2. First Quarter	166										166
3. Second Quarter	164										164
4. Third Quarter	154										154
5. Current Year	152										152
6. Current Year Member Months	1,945										1,945
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	204,990										204,990
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	204,990										204,990
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	177,542										177,542
18. Amount Incurred for Provision of Health Care Services	187,836										187,836

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$204,990



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	379,799	0	0	0	0	0	0	0	0	379,799
2 First Quarter	320,726	0	0	0	0	0	0	0	0	320,726
3 Second Quarter	354,331	0	0	0	0	0	0	0	0	354,331
4. Third Quarter	377,998	0	0	0	0	0	0	0	0	377,998
5. Current Year	402,471	0	0	0	0	0	0	0	0	402,471
6 Current Year Member Months	4,277,256	0	0	0	0	0	0	0	0	4,277,256
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	340,891,858	0	0	0	0	0	0	0	0	340,891,858
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	340,891,858	0	0	0	0	0	0	0	0	340,891,858
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	290,410,749	0	0	0	0	0	0	0	0	290,410,749
18. Amount Incurred for Provision of Health Care Services	310,280,582	0	0	0	0	0	0	0	0	310,280,582

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$334,285,133

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	170,559	225,610	223,598	315,360	399,493
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	154,493	221,136	213,356	297,575	381,117
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	23,531	4,506	3,949	7,552	4,367
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	3,738	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	3,738	0	0	0	0
14. Letters of credit (L).....	500	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	46,686,049		46,686,049
2. Accident and health premiums due and unpaid (Line 15).....	106,659,643		106,659,643
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(210,283,354)	(210,283,354)
5. All other admitted assets (Balance).....	275,513,778		275,513,778
6. Total assets (Line 28)	428,859,470	(210,283,354)	218,576,116
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	25,761,504	23,530,863	49,292,367
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	756,139		756,139
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	134,976,180	(134,976,180)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	219,906,489	(98,838,037)	121,068,452
15. Total liabilities (Line 24).....	381,400,312	(210,283,354)	171,116,958
16. Total capital and surplus (Line 33).....	47,459,158	XXX	47,459,158
17. Total liabilities, capital and surplus (Line 34)	428,859,470	(210,283,354)	218,576,116
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	23,530,863		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	23,530,863		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	134,976,180		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	98,838,037		
30. Total ceded reinsurance payables/offsets	233,814,217		
31. Total net credit for ceded reinsurance	(210,283,354)		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
			23-1614034		84129	NYSE	Rite Aid Corporation	DE	UDP	Board of Directors	Board of Directors	100.0	Rite Aid Corporation	N	0
			90-1011712				Hunter Lane, LLC	DE	NIA	Rite Aid Corporation	Ownership	100.0	Rite Aid Corporation	N	0
			26-0676699				Envision Pharmaceutical Holdings LLC	DE	NIA	Hunter Lane, LLC	Ownership	100.0	Rite Aid Corporation	N	0
		12747	20-4308924				Envision Insurance Company	OH	RE	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			34-1939227				Rx Options, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			34-4221427				MedTrak Services, LLC	MO	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			05-0570786				Envision Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			88-0511398				Envision Pharmaceutical Services, LLC	NV	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			20-3389462				Envision Medical Solutions, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			26-2434607				Orchard Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			59-2798509				First Florida Insurers of Tampa, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			59-3760021				Advance Benefits, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			27-4368094				Design Rx Holdings LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			20-1369429				Design Rx, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0
			20-5166645				Design Rxclusives, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0
			20-3649446				Rx Initiatives L.L.C.	UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	N	0
			45-4806467				Ascend Health Technology LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0
			41-1924169				Laker Software, LLC	MN	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	N	0

Asterisk	Explanation

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....YES.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....SEE EXPLANATION.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

SEE EXPLANATION.....

Explanation:

11. The Company does not offer Medicare Supplement Insurance.

12. The Company does not offer Life Insurance.

13. The Company has less than 100 shareholders

14. The Company does not write Life Insurance.

15. The Company does not write Life Insurance.

17. Not Applicable.

18. Not Applicable.

19. Not Applicable.

20. The Company does not write Long-term Care Insurance.

21. Required by Florida and Illinois only.

24. None required.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

11. 1 2 7 4 7 2 0 1 7 3 6 0 5 9 0 0 0

12. 1 2 7 4 7 2 0 1 7 2 0 5 0 0 0 0 0

14. 1 2 7 4 7 2 0 1 7 3 7 1 0 0 0 0 0

15. 1 2 7 4 7 2 0 1 7 3 7 0 0 0 0 0 0

17. 1 2 7 4 7 2 0 1 7 2 2 4 0 0 0 0 0

18. 1 2 7 4 7 2 0 1 7 2 2 5 0 0 0 0 0

19. 1 2 7 4 7 2 0 1 7 2 2 6 0 0 0 0 0

20. 1 2 7 4 7 2 0 1 7 3 0 6 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

00000

NAIC Company Code

12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	91,674,779	XXX	12,910,768	XXX	104,585,547
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	62,070,969	XXX		XXX	62,070,969
1.2 Supplemental Benefits.....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(36,455,791)	XXX	144,931	XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	38,181,679	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	55,218,989	XXX	13,055,699	XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	100,252,648	XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums.....	155,471,637	XXX	13,055,699	XXX	166,656,516
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	143,616,725	XXX	10,508,267	XXX	154,124,992
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	690,942	XXX	50,555	XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	144,307,667	XXX	10,558,822	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims	144,307,667	XXX	10,558,822	XXX	154,124,992
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX	68,077,688	XXX	5,716,810	73,794,498
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	15,914,365	XXX	513,649	XXX	16,428,014
15. Expenses Incurred.....	14,108,019	XXX	455,348	XXX	XXX
16. Underwriting Gain/Loss.....	(2,944,049)	XXX	2,041,529	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(77,690,988)

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The Envision Insurance CompanyInsurance Company
Address (City, State and Zip Code) Twinsburg, OH 44087.....
NAIC Group Code 00000.....NAIC Company Code 12747.....Employer's ID Number 20-4308924.....